

REQUEST FOR CANCELLATION

I hereby request that the registration be cancelled because:

- ☐ I no longer live in Clark County.
- ☐ I no longer wish to be a registered voter.
- ☐ The person named below is deceased.
- ☐ Other: _____

REGISTRATION NUMBER

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REGISTRATION DATE

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OFFICE USE ONLY

Name of cancelled voter:

PRINT NAME

Date of Birth ____/____/____
MM DD YY

ADDRESS (OLD RESIDENCE)

CITY STATE ZIP COUNTY

Date ____/____/____
MM DD YY

SIGNATURE OF VOTER / RELATIONSHIP TO VOTER

You can type the information in on your computer and print this form, sign it and mail it to the Clark County Elections Department to cancel your registration. Mail the completed and signed form to:

CLARK COUNTY AUDITOR
ELECTIONS DEPARTMENT
PO BOX 8815
VANCOUVER, WA 98666-8815

If you have questions, please feel free to contact the Elections Department at (360) 397-2345.